Physician's Certification
Medical Alert Customer Status

Dear Unitil Customer:

Unitil needs you and your doctor to fill out this form in order for us to put a Medical Alert flag on your account. Please fill in all of the information under "CUSTOMER" and then give this form to your doctor. The doctor should complete the section under "PHYSICIAN" and FAX or MAIL the completed form back to Unitil from their office. Thank you for your cooperation.

CUSTOMER

DATE:	**CUSTOMER OF RECORD:**
PATIENT NAME AND RELATIONSHIP TO CUSTOMER (IF DIFFERENT THAN CUSTOMER OF RECORD):	
CUSTOMER SERVICE ADDRESS:	
CITY: **STATE:** **ZIP:** **Email:**	
UNITIL ACCOUNT #: **Primary TEL #: ( )**	**2nd TEL #( )**
3rd PARTY CONTACT (Optional) – NAME:	**TEL NUMBER: ( )**

I hereby authorize the release of medical information necessary for the completion of this physician's certificate of medical condition form:

SIGNATURE:	**DATE:**

TO BE COMPLETED IN FULL BY Physician, RN, Physician's Assistant or Mental Health Practitioner

PHYSICIAN'S NAME:	**LICENSE NUMBER:**	
ADDRESS:		
CITY:	**STATE:**	**ZIP:**
E-MAIL:	**TELEPHONE NUMBER: ( )**	

The above customer has told Unitil that he or she or someone within their household is suffering from a physical or mental health condition which would become a danger to the household member's physical or mental health if electric service was disconnected. We will identify this customer's Unitil account with the appropriate status flag(s) provided you certify in writing that this patient is suffering from such a condition. Thank you for your cooperation**.**

Physician Signature: _____

Does patient have a medical condition for which they need electricity?	**Yes:**	☐	**No:**	☐
Is electricity needed for LIFE SUPPORT equipment?	**Yes:**	☐	**No:**	☐

Date:	**Patient's Name:**
Description of Medical Condition:	
Medical Equipment Being Used:	

What is the anticipated length of this condition? **3-Months:** ☐ **6-Months:** ☐ **12-Months:** ☐

PHYSICIANS: PLEASE FAX OR MAIL THIS FORM FROM DOCTOR'S OFFICE TO UNITIL WITHIN FIFTEEN (15) DAYS.

Confidential, Attended **FAX # 603-227-4784**